



The South Florida Federal Executive Board's High Performance Leadership Program (HPLP)

(To be completed by nominee)

Education

PROFESSIONAL DEVELOPMENT HISTORY

Government Sponsored Training Courses (include course title, date completed, and school or sponsoring institution, e.g., Defense Systems Management College, Army Management Staff or College, OPM Executive Seminar Center):

Awards and Commendations (include date):

Federal Work Experience (include agency and year):

Civilian Work Experience:

Special Skills and Accomplishments:

Professional and Occupational Activities:

Voluntary Community Activities:

STATEMENT OF INTEREST

State in 300 words or less, why you want to participate in the HPLP. Include your major strengths and qualifications, the contributions you will bring to the program, and how you feel your participation will benefit your agency.

Print Name: _____

Signature: _____ Date: _____

Supervisor's Endorsement

(To be completed by immediate supervisory)

Applicant Instructions: Complete sections below and print or email this document to your Supervisor for their endorsement. Failure to ensure submission of this endorsement prior to the closing date will result in your application being considered incomplete. Incomplete applications will not be considered for participation. Do not include SSI or PPI information in the completion of this document.

Applicant Name: _____

Position of Record: _____

Organization/Office: _____

Purpose: The intent of this document is to assess participant's leadership potential and their ability to successfully complete the program. Please provide honest and candid feedback related to the candidate's job's performance. Your comments will not be shared with the candidate; however, your assessment may be subject to disclosure through the Freedom of Information Act (FOIA).

Supervisor Instructions: Please complete this endorsement return to, Attention Dorothy Jenkins, djenkins@doc.gov, South Florida Federal Executive Board, P.O. Box 267845, Weston, FL 33326.

Do not include SSI or PPI information in the completion of this endorsement.

1. Summary of applicant's current duties and performance:

Comments: _____

2. Assessment of leadership potential and how participation in HPLP will benefit the agency and the applicant.

Comments: _____

3. Did your employee receive a performance rating of "Achieved Expectations"/Satisfactory or higher on their most recent performance assessment? ☐ Yes ☐ No

Comments: _____

4. Is there any reason why you would not want this employee to represent your agency in this program?

Comments: _____

Overall Recommendation:

☐ Recommend ☐ Do not recommend

Immediate Supervisor's Contact Information:

Name (Please Print): _____ Date: _____
Title: _____ Agency/Office: _____
Email: _____ Phone Number: _____

Second Level Supervisor's Contact Information:

Name (Please Print): _____ Date: _____
Title: _____ Agency/Office: _____
Email: _____ Phone Number: _____

Approving Official

(Approval/Concurrence - To be completed by the sponsoring Agency Official authorized to approve/disapprove funding requests):

_____ **Approve** _____ **Disapprove**

Print Name: _____

Title: _____ Email: _____

Signature: _____ Date: _____

Signature certifies employee availability for program participation, and obligation of \$800 in agency funding.

If you have any questions, please contact Dorothy Jenkins at the Federal Executive Board at Phone: (954) 792-1109, Email: Djenkins@doc.gov.